PTO/SB/06 (12-04)

Approved for use through 7/31/2006. OMB 0651-0032
U.S. Pateini and Tragemark Office; U.S. DEPARTMENT OF COMMERCE

Under the Peperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it application or Doctor Number. PATENT APPLICATION FEE DETERMINATION RECORD : Application or Doctor Number.											94
Substitute for Form PTO-875 OTHER THAN											
APPLICATION AS FILED - PART I (Column 1) (Column 2)						_	SMALL ENTITY		OR I	SMALL ENTITY	
	FOR .	HUMBE	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (8)
BASI	C FEE	3				ļ					ַ עווי.
	RCH FEE FR 1.16(k), (i), or (m)	,			<u></u>						
EXA	MINATION FEE FR 1.16(0), (p), or (q)					Ì					
TOT	AL CLAIMS	19	minus 20 =	T.			ş =		OR	x /% =	
(37 CFR 1.16(1)) INDEPENDENT CLAIMS (37 CFR 1.16(h))		AS V	minus 3 =	1. 1 :			х •			× 80 =	80
APPLICATION SIZE FEE (37 CFR 1.16(s)) If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										510	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						l				210	Man
• R (1	ne difference in co	"O" in column 2	TOTAL] .	TOTAL	1910				
APPLICATION AS AMENDED - PART II											THAN
	(Column 1) (Column 2) (Column 3)				(Column 3)		SMALL	NTITY	1	SMALL	ENTITY
AMENDMENT A	7/10/10	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (3)
	Total	ILO	Minus	90	2		х =		OR	×50 =	0
	Independent (37 CFR 1,15(N))	· 10	Minus **	· m	£		х =		OR	×200 ·	-
	Application Size Fee (37 CFR 1.16(s))								1	31.1	$ \forall$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1))							TOTAL		OR	TOTAL	A-
	1 /		•				ADD'L FEE	l	OR	ADD1 FEE	L.U
12	124/07	(Column 1)	_	(Column 2)	(Column 3)	. ,			٦.		r
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE (1)	ADDI- TIONAL FLE (\$)		RATE (\$)	ADDI- TIONAL - FEE (\$)
	Total (27 CFR 1,166))	· 14	Minus **	20	=]	X F		OR	× =	
	independent (37 CFR 1_16(4))	. /0	Minus **	10	- /		x •		OR	х =	
	Application Size Fee (37 CFR 1.16(s))					-			1		
∢	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(II)					j	L	 -	OR	TOTAL	-
			_				TOTAL ADD'L FEE		OR	ADD'L FEE	<u> </u>
] -	• If the entry in co	tumn 1 is less tha	in the entry in	column 2, wii	le "0" in column is less than 20	3. ent	le: '20"				•

* If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20"

"If the "Highest Number Previously Paid For IN THIS SPACE is less than 30, enter "3".

"If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

"If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fife (and by the USPTO to precess) an application Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14 This collection is estimated to take 12 inhurities to complete, uspert to precess an application Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14 This collection is estimated to take 12 inhurities to complete including patheting, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case only comments including patheting, preparing, and submitting the complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Other, U.S. I information of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Other, U.S. I information of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Other, U.S. I information of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Other, U.S. I information Other, U.S. Cepatine of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.